



Assignment of Cancer Wellness Benefits and HIPAA Release Form For NC Flex Group Policy Number 83126

I hereby assign to The LifeStrive Group LLC ("LS") my rights to payment for services covered under the annual wellness benefit of the below referenced policy issued by American Heritage Life Insurance Company (**Allstate Workplace Division**), but only to the extent of the amount of payment due for the services.

Also, by executing this assignment, I understand that:

- I am requesting LS to requisition a wellness screening for me at this time as my Cancer Wellness Benefit
- There is a \$20.00 fee for this requisition, which will be submitted by LS to AHL for payment under this assignment. I understand this will be deducted from the benefit and I will not be charged.
- LS will submit the remaining \$80 balance of the wellness screening fee to AHL for payment under this assignment upon completion of the wellness screening.

Finally, I authorize Direct Laboratory Services, Inc. to release the laboratory report health information directly to LS. I understand that this information will only be used by LS for the administration of a wellness program and will not be shared by LS with any other entity, including my employer. I authorize LS to release any information to AHL that is necessary for the processing of my insurance claim.

This assignment of benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

_____	or	_____
Your Policy Certificate Number		Social Security Number
_____	_____	<u>M / F</u>
Policyholder / Certificateholder Name	Date of Birth M-D-Y	Gender
_____	_____	
Policyholder / Certificateholder Signature	Date Signed M-D-Y	
_____	_____	
E-Mail (necessary to send requisition/results)	Phone (For results alerts)	
_____	_____	
Street Address	City	State Zip Code

List covered dependents assigning the Cancer Wellness Benefit to LifeStrive

Last Name	First Name	Relationship	Date of Birth	Gender	Email

Tests Included: Lipid panel, CBC, Fluids and Electrolytes, Thyroid Panel w/TSH, Liver Enzyme Panel, Kidney Panel, Glucose and Minerals. Authorized signature on-file.

This form may be returned via fax to 602-296-0176 or mailed to the attention of Kim Clarke:
114 Orchard Hills Drive., Unit 298
Jeffersonville, IN 47130

For questions regarding this assignment please contact LifeStrive at 866-479-1380 ext. 1